Consensus Support Services Limited

Fletton Avenue

Inspection report

35 Fletton Avenue
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Date of inspection visit: 20 January 2015
Date of publication: 16/02/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Outstanding
Is the service well-led?	Good

Overall summary

Fletton Avenue is registered to provide accommodation, support and care for up to six men who have a learning disability. At the time of our visit six people were using the service. The home, which is situated in a suburb of Peterborough, is a domestic style building and is arranged on two levels with a small garden to the rear.

This unannounced inspection was undertaken on 20 January 2015. At our last inspection on 23 May 2013 the provider was meeting all of the regulations we looked at.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a sufficient number of staff to look after people and provide them with the individual support and care that they needed. Pre-employment checks were

Summary of findings

completed on staff before they were judged to be suitable to work at the care home. People who lived at the care home were encouraged to interview job candidates and their views were taken into account before the person was employed.

People's risks had been assessed and these were managed. This included risks associated with unhealthy eating and independently going out into the community.

Staff were aware of their roles and responsibilities in reporting incidents that had placed people at risk of harm.

People's privacy and dignity was respected at all times. They were also encouraged and supported in developing and reviewing the care plans and programmes of activities. All of the staff were kind and caring and took into account what people needed and wanted.

There was a process in place to ensure that people's health care needs were assessed and action was carried out to meet people's individual needs. This included the management of their behaviours in relation to eating and incentive programmes to encourage socially acceptable behaviours.

Staff were supported and the standard and quality of their work was kept under review. New staff received induction training to ensure they understood their roles and responsibilities. Staff training and development needs were identified.

People were supported to engage in hobbies and interests that they enjoyed taking part in. People were supported to maintain relationships with their relatives and make friends with each other.

A complaints process was in place which was accessible to people, relatives and others who used or visited the service.

People shared their views and suggestions in relation to food and their hobbies and interests. They were also encouraged and supported to work and take part in fund raising schemes. People had a voice where they were able to improve the range of social activities in the community and talk about their experiences of this on the local radio. Staff were enabled to make suggestions to improve the quality of people's care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff knew how to recognise and report incidents of harm.

Recruitment practices of staff and sufficient numbers of staff made sure that people were looked after by enough, suitable members of staff.

People were supported to take their medication as prescribed and most people's health and safety risks were well-managed.

Good

Is the service effective?
The service was effective.

Staff were trained and supported to do their job.

People's physical and mental health needs were met.

People had a healthy diet.

Good

Is the service caring?
The service was caring.

People's privacy, respect and independence were valued.

People were included in the development of their care plan.

Staff treated people in a kind and caring way.

Good

Is the service responsive?
The service was responsive.

People were empowered to be integrated in to the community and had a valuable part to play.

People were supported to maintain links with their family and have relationships with people in and out of the home.

People were supported to live a normal and enjoyable life which they chose to do.

Outstanding

Is the service well-led?
The service was well led.

People were empowered to run the home and were listened to what they had to say.

There was an open culture that enabled staff to improve the quality of people's lives.

Monitoring processes were in place to review people's safety and quality of their care.

Good

Fletton Avenue

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 January 2015 and was unannounced. It was carried out by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at all of the information that we had about the home. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. We also requested the provider to complete and submit their provider information return (PIR). This is information is what the provider is required to send to us to which gives us some key information about the service, what the service does well and any improvements they plan to make. Before the inspection we received information from two people's social workers.

During the inspection we spoke with five people who live at Fletton Avenue and we also spoke with two people's relatives, eight staff and the registered manager. We reviewed two people's care records, six people's medication administration records and records in relation to the management of the service such as audits, policies and staff records. We also observed how staff supported people in meeting their individual needs.

Good

Is the service safe?

Our findings

A person told us that, "The staff sort it out" when people became unsettled and were at risk of causing harm to other people. A person's social worker told us that the staff managed a person's behaviour that posed a risk of harm to others. People told us they felt safe because the staff treated them well and would know what to do, or who to speak with, if they were concerned about their safety. This included going to their room or speaking with a member of staff.

Staff were aware of the steps to take before approved restraint techniques were used. They gave examples of the steps they would take, which included identifying and managing triggers that unsettled the person. In addition, staff had written guidance in steps to take to request a person to stop their unacceptable behaviour. People's care records demonstrated that these steps were effective because restraint techniques were not used.

Since our last inspection, the registered manager had notified us of two incidents that posed a risk to people's safety. We were satisfied that appropriate actions and reporting had taken place and people were safer as a result of the actions taken. Staff were trained and knowledgeable in recognising and reporting incidents of harm that may be experienced by people. They gave examples of what is considered harm and demonstrated their knowledge in following the correct reporting procedures.

People were aware of their risks, including those associated with unhealthy eating, self-administration of medication and road safety awareness. Measures were in place to manage the risks. These included the safe disposal of waste food, supporting people to take their medication as prescribed and going out into the community. In addition, people were enabled to take risks as part of their every-day living. This included, travelling alone and being independent with their personal care.

The home was kept secure with a door bell in operation to alert staff of people and visitors entering and leaving the building. A relative told us that when their family member goes out of the home, "The staff know and remind [my family member] to return." People had their bedroom door key to keep their belongings secure and we saw a person unlocking their bedroom door with their own key. The care records demonstrated that people were reminded to keep their possessions secure in their room.

The registered manager advised us that people's needs were assessed before moving into the home and staffing levels were determined based on the person's assessed needs. Staff and a social worker told us that there were sufficient numbers of staff to provide people with their individual support, including one-to-one support to visit friends, go swimming and taking a walk. Staff also had time to interact with people in a patient and social manner. We also saw and there was a sufficient number of staff to support people with their individual needs in a patient and unhurried way. Measures were in place to cover staff absence or increase the staffing numbers by means of using bank staff.

People were satisfied with how they were supported with taking their medication. One person said, "They administer (my medication) at appropriate times. They never forget." Another person said, "(My) medication is on time and is never late." Medication was stored securely and medication records demonstrated that people were supported to take their medication as prescribed. Where people were prescribed medication to ease their agitation and to promote sleep, this was kept under review by the staff and the person's GP. Staff and their records confirmed that they had attended training in the safe handling of medication.

Good

Is the service effective?

Our findings

A relative said, “They (the staff) have the expertise here (at the care home).” Social workers told us that people’s individual needs were met and well-managed.

Staff said that they were trained to do their job, including induction training to the service which was described as, “Intensive.” A training and staff development plan was in place which included medication, the application of the Mental Capacity Act 2005 (MCA), safeguarding people from harm, use of restraint and supporting people living with a learning disability.

Staff were supervised and supported to do their job. Minutes of staff meetings recorded the well-being of staff. Staff were also supported during their one-to-one supervision sessions which enabled them to discuss their support and training needs. Staff were supportive of each other and worked as one team. A member of staff said, “The staff team is brilliant. They (staff) bend over backwards and will stay over an extra hour.” Another member of staff said, “It’s a nice place to work. It’s a good team here.”

The registered manager was supported by a team of senior staff and their line managers. She had attended training and conferences in relation to the MCA, deprivation of liberty safeguards and the changes in the Care Quality Commission’s (CQC) inspection methodology.

People had capacity to make decisions about their support and care. A person had taken part in a best interest decision making meeting. They had signed their care plan to confirm how they wanted to be restrained, in the event that this may be needed. A social worker told us that people were able to exercise choice in how they wanted to spend their time. This showed us that people’s decisions, about how they wanted to be looked after when there was a change in their condition, were valued.

A relative told us that their family member was supported with making decisions. Staff supported people in making decisions about their choice of food, meeting their friends and taking part in interests and hobbies that they liked to do. People had put a draft plan in place in relation to their weekly activity programmes. Action was taken to develop a final plan, based on the people’s individual choices. A senior staff member advised a junior colleague to discuss with a person their choice of hobbies and interests, before researching the availability of these. Care records demonstrated that people had signed their care plans and risk assessments to confirm they had agreed to these being carried out to support their needs.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. We saw that staff were knowledgeable about submitting applications to the appropriate agencies, if this was needed. This was so that people would not have any unlawful restrictions imposed on them. We saw that people were free to come and go out of the home and had agreed to be supported by staff, if this was needed.

People who lived at Fletton Avenue had a learning disability associated with a genetic condition. This condition, Prader Willi, is known to affect people in different ways; the main symptom is the potential for people to eat unhealthily. A relative said, “[My family member] has the same menu and knows what it is about. The restrictions have been put in place and they are working.” A social worker told us that restrictions were in place and these were in line with the person’s agreed care plan to manage their condition. People were aware of the need to eat healthily. One person said, “I get ill if I don’t eat fruit. I like pears” Another person was pleased with their intentional weight loss and followed their eating and exercise programme to maintain their, now, healthy weight.

People knew where the menus were held and told us that they had helped with the development of these. One person said, “I like the food and the meal plan is okay. I tell them (staff) if I don’t like anything but, so far, there’s been nothing.” Another person said they were enjoying their lunch and had a drink with in their reach. A person was telling staff how they enjoyed dining out for lunch and described what they had to eat. People’s weights were monitored each week and additional drinks nutritional supplements were provided, if needed.

An incentive/award scheme was used when people demonstrated positive behaviours. An accumulation of the awards (tokens) enabled the person to use these how they chose to. One person told us that they were aware of their incentive scheme. They told us that once their tokens had accumulated, they would use these to have a meal outside of the home, as their reward.

Good

Is the service effective?

Social workers told us that people's individual needs were being met. Staff were aware of people's individual mental health needs and gave an example of this. They said, "I think the residents' needs are being met. They are less frustrated. (The) staff know people's triggers (to become unsettled) such as a change in their routine." We saw that people were settled and showed signs of wellbeing of smiling and sharing a joke.

A person said, "I've been to see my GP already." People were supported to access a range of health care employees to support their physical and mental health. These included well-men screening and diabetes services, smoking cessation programmes, GPs and learning disability nurses and psychiatrists. This meant that people were effectively supported with their health conditions.

Good

Is the service caring?

Our findings

We saw that staff were attentive and caring when they were supporting people. A member of staff encouraged a person to wear a hat to keep warm when outside. Another person described, to listening staff, their enjoyment of a bus journey and staff encouraged the person to practice this new skill. We saw that people shared a joke with members of staff and staff responded to people in a respectful way. A member of staff said that they had given a person their privacy when they were supported to visit their partner.

Staff were knowledgeable about people's likes and dislikes and what helped them to be happy. They gave examples in how they supported people to take part in fishing, archery, exercise programmes and keeping to people's structured programmes.

The home maximised people's privacy and dignity. A person said, "I've got my own room and my own bathroom. They (staff) knock on my bedroom door before I let them in." All bedrooms were single use only and all had lockable doors and people had use of their own keys. Four of the six bedrooms had en suite facilities and communal bathing and toilet facilities had lockable doors. A range of communal lounges was available where people would choose to be alone or with each other.

A person told us, "They (staff) have all read my paperwork and they have full loads (of information) about me." They told us that they had been consulted about the development and review of their care plan and their care plans confirmed this to be the case. Another person told us that had developed their weekly programme of activities and their records, also, confirmed this to be the case.

Information about the weekly menus, how to make a complaint and how to report incidents of harm, was available in easy to read format and displayed on a notice board in the dining room. People knew where this information was held. The information was also held in each of the two care files that we reviewed.

People said that they had knowledge about advocacy services but said that they had no need to use these. The registered manager advised us that advocacy services were used when supporting people in making decisions about their future living arrangements.

Within one of the care plans we person's care plan read that to the person wanted to be independent, "As it boosts my self-esteem." People's level of independence was maintained with managing their finances, independence with going into the community and independence with their personal care and domestic skills.

People's confidential information was kept secure in locked rooms and was accessible to people authorised to do so. We found that staff maintained people's confidentiality when speaking with each other.

Outstanding ☆

Is the service responsive?

Our findings

People's care needs were assessed and work was in progress to include people's contribution to the development of these, including personal information, and this was being carried out at a pace people were comfortable with. Changes were made to people's care plan in response to people's changing nutritional needs and mental health needs. Members of staff were aware of these changes.

People's strengths were assessed and they were supported in maintaining and developing these. The strengths included people having strong links with family, having religious beliefs and the need to be kept informed of any changes in the person's structured programme.

Staff supported people in finding out what resources were available in the community by obtaining information from libraries and when out and about in the community. A person said that they enjoyed going to work to help assemble packages and parcels. Another person said that they enjoyed their work arranging and selling items from a charity shop. They also told us that they had contacts with a member of the city council to improve the range of recreational activities in the community. Archery, for instance, was now made available for people to take part in. The registered manager said, "A lot has come out from these discussions at council level." People had recently spoken about their success on a local radio station programme. In addition, they also told us that they had registered to compete in a run to raise money for charity. Staff confirmed that this was the case.

People took part in educational and recreational activities which included attending horticultural courses, fishing, and swimming, exercising and going to local clubs. People were out and about in the morning and afternoon and also during the evenings. 'In house' entertainment was also available, which included people taking turns to choose a takeaway meal and to be the 'Bingo' caller.

People were supported to maintain contact with their family and have relationships with other people, in and outside of the home. A member of staff said, "It really is about being normal for people." A person said, "I see my family every month and staff go with me. My [relative] rings me every day." A relative said, "Distance is no problem. I can go to see my [family member] and my

[family member] can come to see me."

People told us that they knew who to speak with if they had a concern or complaint to make. A person said, "I would go the staff and tell them, but I would also go to [registered manager's name]." Relatives also said that they knew about the complaints procedure but had not needed to use it. The provider information return told us that there were a low number of complaints received. Complaints were responded to, which included improving the maintenance of a fence dividing the care home from a neighbouring property. In response to some people's concerns, the registered manager had taken action to replace people's mattresses.

Good

Is the service well-led?

Our findings

People knew the name of the registered manager and said that they saw her and her deputy, "Every day, morning and afternoon." We saw the registered manager present throughout the care home, which had a homely and welcoming atmosphere. Staff told us that the registered manager was supportive and said, "Our boss is a good boss and nice to work with. She is always fair."

People were involved in the running of the home. At the start of our inspection we were welcomed by one of the people who requested we signed the visitor's book. People were encouraged and supported to be part of the interview panel when candidates were applying for a job. A person told us that they had requested staff to do their laundry, when they were unable to do so, and staff did as the person asked.

Meetings were held where people were enabled to make suggestions about holidays, menus and recreational activities. These were reviewed and planned for during staff meetings so that people's suggestions would be put into action.

Staff said that they enjoyed their work and were able to be, "creative" and autonomous in supporting people they looked after. This included responding to people's change of needs with an alternative activity, such as going bowling and having a drink.

People were integrated into the local community and were enthusiastic about their involvement with local shops, work establishments, colleges, fund raising charities, a local radio station and the city council. A person told us they were looking forward to going to work and explained in detail what their job entailed.

Staff told us that, "We work here for the residents and it's not just a job. We have to support them with their condition. It's not just a walk into town. You need to forward plan and it can go so wrong if we don't." Another member of staff said, "We're here for the residents. That is what it is all about."

A member of staff said, "We can have an input (into the running of the home). The managers listen to what we say. There is nothing you say that is never dealt with, no matter how small it is." Where staff made suggestions to improve the quality of people's lives, they were listened to and gave examples of these. A member of staff said, "We came up with a picture plan. This was implemented very quickly and it works really well."

The provider information return, which was completed by the registered manager, told us that there had been three medication errors although no person had come to harm. Remedial action was taken to reduce the risk of a similar occurrence, which included liaising with the dispensing pharmacist to improve people's safety in relation to their medication.

Incidents were used as part of the service's quality monitoring. We saw that there was a reduced number of incidents occurring which demonstrated that effective action was taken.

A representative of the registered provider visited each month and actions were identified and taken in response to these findings. This included improving the maintenance of the premises and increasing the frequency of one-to-one supervision of staff. The actions taken were reviewed during the following month to assess the progress made. We saw that progress was made in relation to parts of the premises and increasing the frequency of one-to-one staff supervision.

A relative had made complaint which was in relation to the high turnover of staff and how this posed a risk to the well-being of their family member. The registered manager advised us that she has developed a business plan in which she made recommendations and were submitted to the registered provider. The recommendations were to improve the retention of staff and, therefore to minimise change that people have difficulty in coping with.